PATENT APPLICATION SERIAL NO. _

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

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Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

56214

Application ID:

10708377

Title of Invention:

INCORPORATING ROTATABLE

OCCUPANT RESTRAINT SYSTEM

SEAT BACK

First Named Inventor:

Fubang Wu

Domestic/Foreign Application:

Domestic Application

Filing Date:

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Utility Patent Filing

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Kevin G. Mierzwa

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) **TYPE SMALL ENTITY** OR TOTAL CLAIMS RATE FEE **RATE** FEE **FOR** BASIC FEE OR BASIC FEE 385.00 NUMBER FILED NUMBER EXTRA 770.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY SMALL ENTITY** (Column 1) (Column 3) OR (Column 2) **CLAIMS** HIGHEST ADDI-A ADDI-REMAINING **NUMBER PRESENT** AMENDMENT **TIONAL** RATE TIONAL RATE **AFTER** PREVIOUSLY **EXTRA AMENDMENT** FEE PAID FOR FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43 =X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145 =OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) / (Column 3) CLAIMS **HIGHEST** 8 ADDI-ADDI-REMAINING NUMBER **PRESENT** AMENDMENT RATE TIONAL **AFTER** RATE TIONAL **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus *** X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST O ADDI-REMAINING ADDI-**NUMBER PRESENT** AMENDMENT **AFTER RATE TIONAL PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus *** X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT. FEE

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